

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 16 AM 9:02

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183



Check if different than previously reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00091892

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the State of

MS

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the State of

MS

5. Covering Period

MM / DD / YYYY

01

01

2015

through

MM / DD / YYYY

03

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN M. ROBINSON

Signature of Treasurer

JOHN M. ROBINSON

Date

MM / DD / YYYY

04

14

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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(Revised 02/2003)